Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PTO/SB/06 (12#) Approved for use through 7/31/2006. OMB 0651-012 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 728152 Substitute for Form PTO-875 APPLICATION AS FILED - PART I (Column 1). OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (\$) FEE (\$) (37 CFR 1.16(a), (b), or (c)) RATE (\$) FEE (\$) SEARCH FEE (37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(i)) minus 20 = INDEPENDENT CLAIMS 0R (37 CFR 1.16(h)) minus 3 = If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) . If the difference in column $\,t\,$ is less than zero, enter $\,^{\circ}$ 0° in column $\,2\,$ TOTAL TOTAL APPLICATION AS AMENDED - PART II <u>5</u>-8-0 (Golumn 1) (Column 2) OTHER THAN (Column 3) OR SMALL ENTITY CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT AFTER RATE (\$) ENDMENT ADDI-PREVIOUSLY **EXTRA** RATE (\$) AMENDMENT ADDI-PAID FOR TIONAL Total (37 CFR 1,16(1)) FEE (\$) TIONAL රි Minus 40 FEE (\$) Independent (37 CFR 1.16(h)) Minus OR Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE

 	T	(Column 1)	,	(Column 2)	(Column 3)		
ENDMENT B	Total	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	(37 CFR 1,16(i))		Minus	l. "	=		
	Independent (37 CFR 1.16(h))		Minus		=		
AME	Application Size Fee (37 CFR 1.16(s))						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR + 16/0)						

	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)				
	X =		OR	Х =					
-	χ =		OR	Х =					
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L			OR		1				
	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE					
nter	nter "20"								

[•] If the entry in column 1 is less than the entry in column 2, write *0* in column 3.

If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

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